1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04960
FOR STATE HEALTH DEPT.	4973 Reg. Dist. No.
00 3 42 1	1. PLACE OF DEATH o. COUNTY b. COUNTY b. COUNTY b. COUNTY
Pog See.	MARYLAND MARYLAND MICH Working Colonia
d HE	b. CYTY ORTOWN (It outside corporate limits, write RURAL old give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) #. STREET ADDRESS e. 15 RESIDENCE
X So of Figure	ONJA DARM?
fune stains State Jeath	3. NAME OF DECEASED First Middle Last 4. DATE Month Doy Year
5 e e e e e e e e e e e e e e e e e e e	(Type or print) James Wayne when DEATH 4 24 1939
3 to moy may with the ors off	5. SEX ACCOOR OR RACE MARRIED NEVER MARRIED 14 8. DATE OF BIRTY WIDOWED DIVORCED DIVORCED WIDOWED DIVORCED WITH MONTHS Days Hours Min.
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2000	during most of working life, every it review School Try Hewark My
2 2 2 2 E	13. FATHER'S NAME
Pog Pog	James Jewell Cyres (lingle Mary Coard' 20
File Por	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address
E HE NE	(magh Hay art, Derlin /ld
D D D	18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).]
on produced	PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Short
o co	939.2 DUE 10 Celebrate for 100 g
e de	Conditions, if ony, which by gove rise to immediate course
o care	(e), stoting the underlying DUE TO
on.	couse lost, (c)
ndin mari	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
o de	YES NO P 200. EXTERNAL CAUSE WAS /20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 1 of Frem 18.)
rioj,	200. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port 1 or Port II or Port
share a breefer a	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE Of INJURY (Home, form, 120). (City or toylin) (County) (Stote)
23	12 12 p.m. 494 180 of work of bayel at Man Derlin Worker Or work of the start of the land
Pag print	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . ond in my
S. C.	opinian death resulted from: Natural causes . Actident . Suicide . Hamicide . Undetermined manner
č ^g	DATE SIGNED
for for all	ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER C
A Sign	EXAMINER'S A F ASSISTANT MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER .
D D D D D D D D D D D D D D D D D D D	NAME (Type) // DEPUTY MEDICAL EXAMINER []
T ST	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) / (Stote)
5 . 5	burial Berlin Md 22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A 240. REC'D BY REGISTRAR'S SIGNATURE
S. AISME	and the state of the same
5M 2/57	Charter of Ollies of North April 19 19 19 Orthur & House

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
EOD C	LATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04961
FOR 51	DEPT.	4974 Reg. Dist/No.
U 0 2	WEIT.	1. PLACE OF DEATH 0. COUNTY 2. USUAL RESIDENCE Porhere deceased lived. If institution: Residence before admission) 0. STATE 0. STATE
Health (11)	MARTLAND TOO OUT OF
THE	11)	by TITY OR TOWN (If outside corporate limits write RURAL and give nearest tawn) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits write RURAL and give nearest tawn)
		d. NAME OF HOSPITAL ORUNGTITUTION (If not innospital, give street address) p. STREET ADDRESS e. IS RESIDENCE
ral of Fe	X	ON FARM? YES NO
fune stain State leath		3. NAME OF PECLASED First Middle Lost 4. DATE Month Day Year
the re		(Type of print) LOTA REFTON CASES DEATH # 24 1959
3 to loy b		5. SEX 6. COLOR OR RACE 7. MARRIED A STATE OF BIRTH 9. AGE (in your lift UNDER LYEAR IF UNDER 24 145.
5 mg	. 1	MIDOWED DIVORCED 6 20 40 10 yer.
2. o	-1	during most of working tite, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stote or foreign country)
it is in the second	1)	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200
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file File		15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [If yes, 10, 10 point on the point of t
Milh Milh Ban		(Inpat 1 and 1 Jahn Ma
nd i		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
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in o b		(e), stating the underlying PUE TO cause lost. (c)
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d be		20d. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 6 or Port 11 of item 18.) Shallows of Death.
ief A		3 20c. TIME OF INJURY Month, Day, Year 16d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 120f. (City or 1940) (County) (State)
40%	23	12 10 p.m. 4/241954 While Not while of Ward of Ward of the Derlin Working of work of the w
the the		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my
ent.		opinion death asulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
S S S		1/8/1.5
100 Per		SIGNATURE A.D. CHIEF MEDICAL EXAMINER DATE SIGNED
be be	2.	EXAMINER'S ASSISTANT MEDICAL EXAMINER []
New See		NAME (Type) / DEPUTY MEDICAL EXAMINER (T) 220. BURIAL. CREMATION, 226. DATE THEREOF [22c. NAME OF CEMETERY OR CREMATORY [22d. LOCATION (City, Jown, or county)] (State)
9 4 5 p		REMOVAL (Specify)
, <u>j-</u>	6	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
S. A15ME 5M 2/57	m	Clienter of stillant Sales lind 9710, DATE APR 2 8 '59 Ovilor S. Krone
	18.	

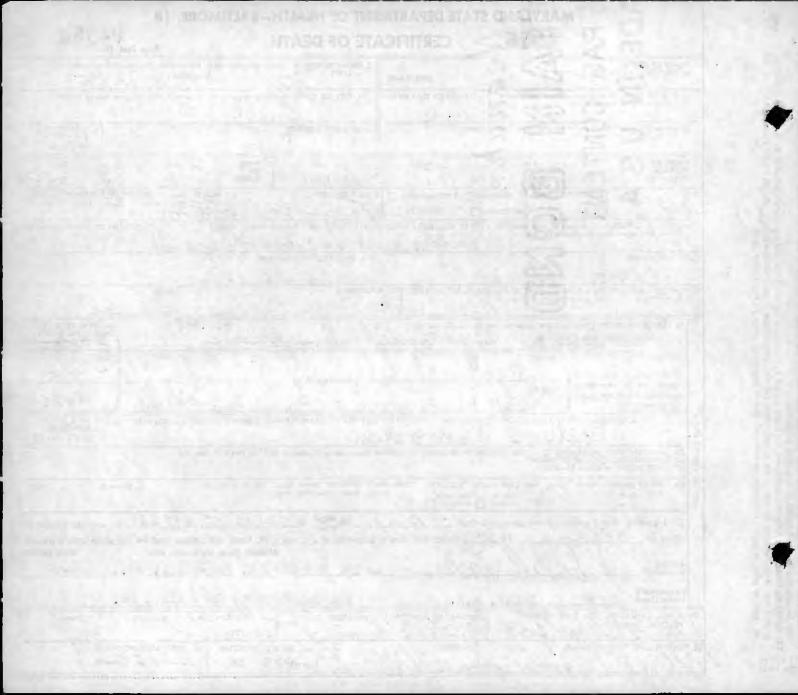
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 4 shauld I 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If surrid c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside Corporate limits, write RURAL and give nearest town) and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS directe ON A FARM? files. YES NO 3. NAME OF Aiddle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 5 Jo. 5. SEX 6. COLOR OR RACE 7. MARRIED TEVER MARRIED 1 8. DATE OF BIRTH 9. AGE Iln years IF UNDER TYEAR IF UNDER 24 HRS. the retained 2 with the Months Doys WIDOWED [7] DIVORCED to VSUAL OCCUPATION (Give kind of work done 105) and the Gines of Supplemental 1. BIRTHPLACE (Stope of foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? ancores 13. FATHER'S NAME & 14. MOTHER'S MAJOSN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. UNEORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (g), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate cause **DUE TO** (o), stating the underlying cause lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL MISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES . NO Z DESCRIBETHOW INJURY OCCUPRED, LENGTON OF PORT II OF PORT II OF 20g. EXTERNAL CAUSE WAS PRIMARY D' 6 CONTRIBUTING DEATH. Exam shavid 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 10t. (City or town While Not while foctory street, office blog, etc.) 20c. TIME OF INJURY Month, Day, Year (County) Medical Page 3 st 19 Sof of work of work It Afregue ferry 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry I and find that death resulted from: Natural causes . Accident 74 Suicide , Homicide , Undetermined cause . O ACTUAL DATE SIGNED cute the certified forwarded to the PUNERAL DIRI CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220 RUPLAL, CREMATION, 22b. DATE PHEREOF 22cl NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REQ'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE APR 2 3 '59 arthur & Kraus 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04962

ESTS MEDICAL EXAMENTS CERTIFICATE OF DEATH.

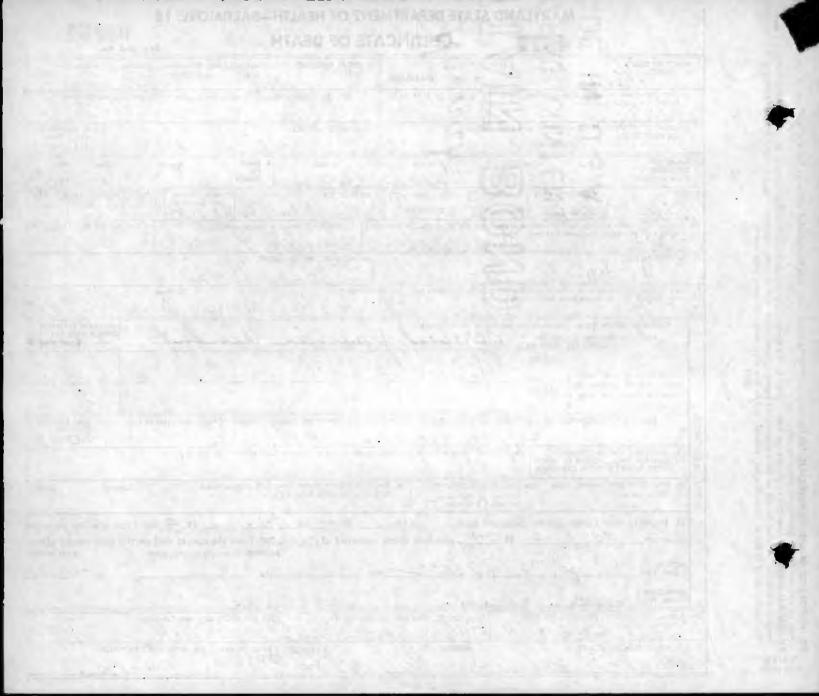
•		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		7 4976 CERTIFICATE OF DEATH 04963
M)	1.	PLACE OF DEPTH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY 1.
		C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
×		d. NAME OF HOSPITAL (If not in hospital, give street address) A. STREET ADDRESS C. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED A. DATE OF Month Day Year OF DEATH OF DE
)	5.	
/	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPUCE (Stole or foreign country), OUN Flarm 12. CITIZEN OF WHAT COUNTRY O
	13.	FATHER'S NAME LIMES PLACES 14. MOTHER'S MAIDEN NAME Davis
	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. or uniporting III yes, give wor or dates of service) Mone mus Mach Chussel Smonthell and
		18. SAUSE OF DEATH [Enter only one couse persine for (o), (b), and (c).] PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Music Causel linguistics IMMEDIATE CAUSE (o)
		Conditions, if ony, which) on M. Belland Partie Parineland Polinialan 9 yrs
		gove rise to immediate cause (o), stoling the under lying couse last. OUE TO Left Prummencetoncy for Branchogonic Carenner 9 YRS
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO. NO.
	CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Mon
		21. I certify that I attended the deceased from. 1948, 10 APRIL 5, 1957, that I last saw the deceased alive an DRH 5, 1959 and that death occurred at 10:20 MM, from the causes and an the date stated above
		ACTUAL SIGNATURE ADDRESS (Street, city or town, stole) DATE SIGNATURE ACTUAL SIGNATURE ADDRESS (Street, city or town, stole) DATE SIGNATURE SIGNATURE SIGNATURE ADDRESS (Street, city or town, stole) DATE SIGNATURE SIGNATURE ADDRESS (Street, city or town, stole) DATE SIGNATURE ACTUAL SIGNATURE ADDRESS (Street, city or town, stole) DATE SIGNATURE ACTUAL SIGNATURE ADDRESS (Street, city or town, stole) DATE SIGNATURE ACTUAL SIGNATURE ADDRESS (Street, city or town, stole) DATE SIGNATURE ACTUAL SIGNATURE ADDRESS (Street, city or town, stole) DATE SIGNATURE ACTUAL SIGN
1		PHYSICIAN'S Robert C. LaMar, M.D. 104 Bay Street, Snow Hill, Md.
8	229	PEDRIAL, CREMATION, 226. DATE THEREOFY TO MANY OF CEMETERY OF CREMATORY 22d. (SCATION [City fown, of county) (State)
61	23.	FONDERAL DIRECTOR'S SUCNATURE ADDRESS
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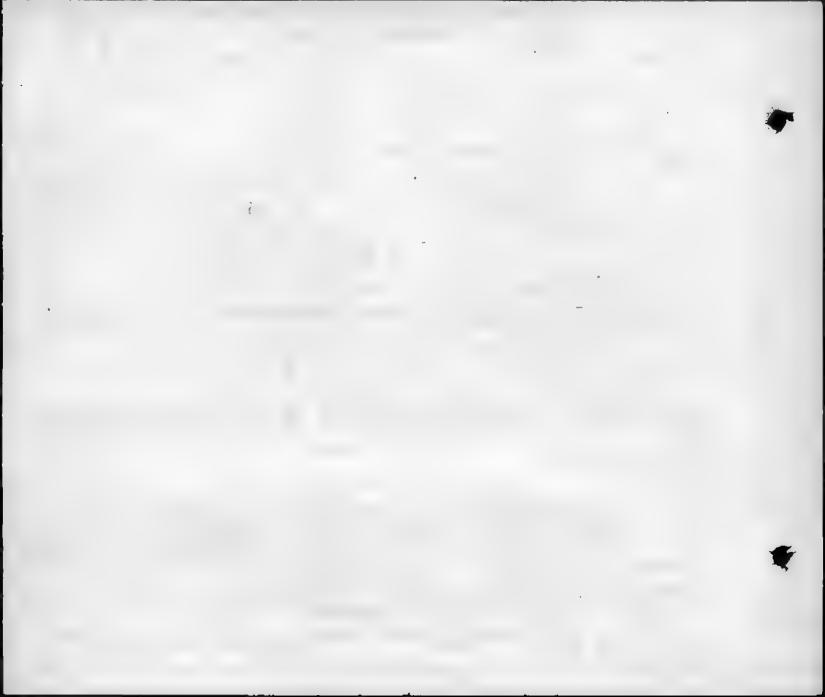
Item 1 FilmG241 4-21-59 et CERTIFICATE OF DEATH 04964 Reg. Dist. No . PLACE OF DEATH 2. USUAL RESIDENCE (Where decepted lived. If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN Ut autside corporate limits, write (URAL and give neages) fown) c. LENGTH OF STAY, IN 16 c. CITY OR TOWN/(If autside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? Own home YES NO 3. NAME OF 4. DATE Day Year DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HR 6. COLORIOR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Days Hours WIDOWED DIVORCED T 100. USUAL OCCUPATION (Give kind of work done) 160. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign county) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address pleas 1B. CAOSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO à gun Canditions, if any, which signed gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO DE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) HOUT O. m. Not while at work of work p. m. 1948, to APN 12, 1957, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 87 00/PM, from the causes and an the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED ACTUAL 4-13-59 M.D. _ 104 Bay St. SIGNATURE Ø FUNERAL D PHYSICIAN'S he registrar NAME (Type) Robert C. La Mar. M.D. snow Hill. BURIAL CREMATION, 226. DATE THEREOF 22 NAME OF COMEYERY OR CREMATORY 22d. LOCATION (City, town or county) (State) page 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 1 5 '59 Cirthur & Henry DATE 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

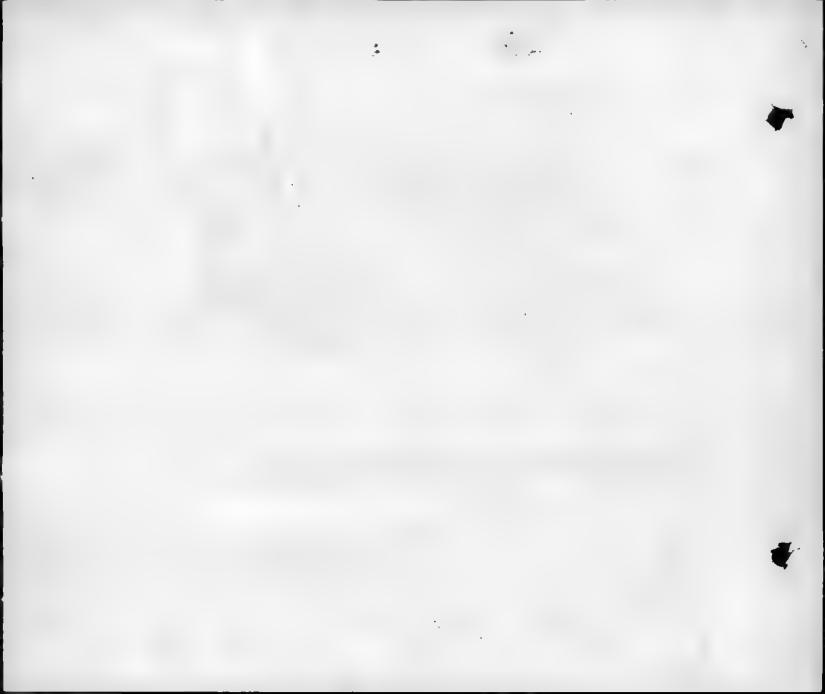
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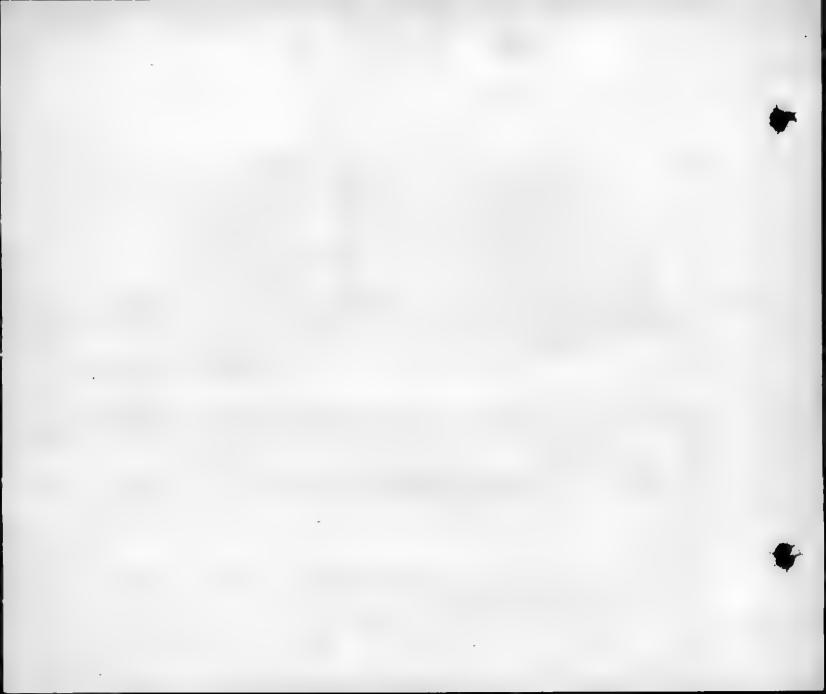
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				4971		CERTIFIC	ATE OF I	DEATH	4		Reg. Dist.		i)
director.	}	1. F	LACE OF DEATH	orcester		MARYLAND	2. USUAL RESI	DENCE (WI	nere deceased nd	lived If instituti b. COUNTY		before odn	
death.		1	CITY OR TOWN RURAL ONG give of	(If outside corporate limit learest town)	s, write c. LEN	MONTH OF STAY IN 16	c. CITY OR	TOWN (If	autside carpore	oke Cit	URAL and giv		
s offer 2 short	> -			MAL (If not in hospital, g Restorium	ive street address		d. STREET A)	one or	<i>y</i>	e IS F	RESIDENCE E A FARM?
24 hour		3. 1	IAME OF DECEASED Type or print)	Fin MAR	ıt	Middle R.	FISHE	st	4. DATE OF DEATH	Mor Apr		Day	Year 19 59
The state of the s		S. S		6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRT	Н		AGE (In years last birthday)	IF UNDER 1	YEAR IF UN	NOER 24 HRS.
control control		10a		ON (Give kind of work or king life, even if retired)			USTRY 11. BIRTHPI		or fareign cai	<u> </u>		EN OF WH	BAT COUNTRY?
on and carbon ofter de		13.	ATHER'S NAME		-		14. MOTHER'S	MAIDEN	NAME			JOA.	
physicia physicia phours o		15.		J. Russel ER IN U. S. ARMED FORE [If you, give were or delease of the	CES? 16 SOCIAL	L SECURITY NO. 17.	INFORMANT	ather	ine C	ustis Add	ress		
ing ing			No		N	one No	orwood V	V. Fi	sher,	Pocomo	oke C:	Lty,	Md.
uires that the death as gned by the attending permit. Then please in in ony event within 72			PART I. DE 334 X Conditions, if gove rise to cosse (a), stating	immediate DUE TO	Cer	of, (b), and (c).] a (sal) Are Tre	arte	ros v-si	icles,	nes		INTERVAL ONSET AN	BETWEEN 10 DEATH
lying cause last. (c)							YEN IN PART I	PER	S AUTOPSY FORMED?				
IAN: The ficale has the buri		CERTIFIC	20g. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH OF MEDICAL EXAMINER	206. DESCRIBE H	OW INJURY OCCUR	RED. (Enter nature o	of injury in	Port I ar Part	Il of item 18.)			
PHYSIC of or at this cert r use os emation		MEDICAL	20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Yes	While N	OCCURRED 20e. I lot while t wark	PLACE OF INJURY I octory, street, offic	!Home, farm e bldg., etc	.) 20f. (City	or tawn)	(Co	unly]	(Slate)
OR ATTENDING sed 2-11se haspit HRE 7: After 1 be actached fa oriar to buriol, cr	1		21. I certify alive en Actual SIGNATURE	hat I attended the	deceased from		maccurred at		M, fram	the causes (cet, city or town,	and on the		
RAL D Should stror p	1		PHYSICIAN'S NAME (Type)		artori			omoke	City	, Mary	land	/	
TO HOSP may be TO FUNE page 3 the regi		220	REMOVAL (Specific Burial			iberty C		7		on (city, town, o ksley,	ar county)	*	rore) ginia
VS A1S (4) 1SM 9/5S		23	FUNERAL DIRECTO	r's signature	1-11	ADDRESS	ity,Md.	24a. REC'	D BY REGISTR	AR 24b. REGI	STRAR'S SIGN Inthun S.	IATURE	
		_	11										



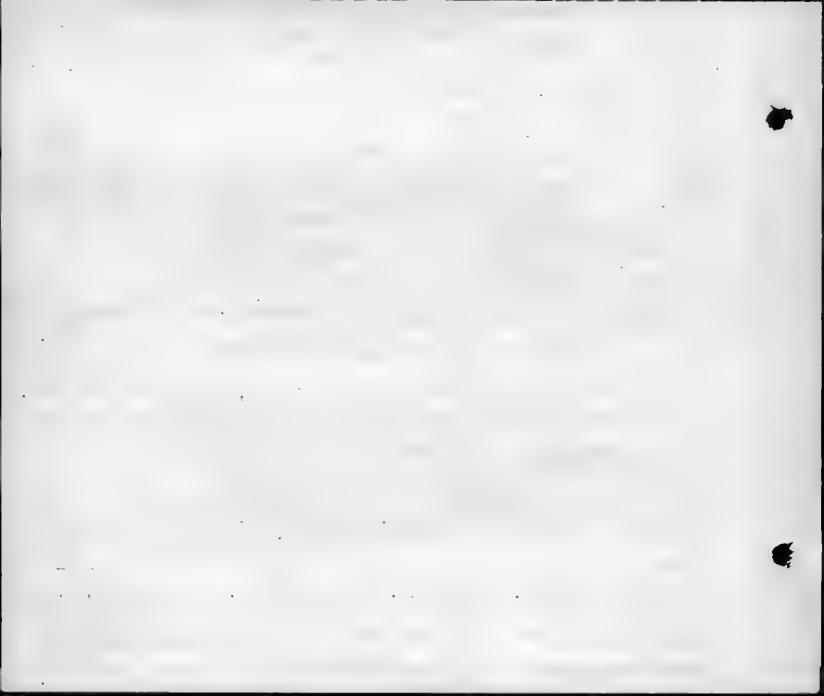
1/1	18		MARYLAND STATE DEPARTMENT OF HEALTH-	-BALTIMORE, 18
4	-1		CERTIFICATE OF DEATH	()4966 Reg. Dipt. No.
Fage 4		١.	o. COUNTY (O. STATE) MARYLAND 2. USUAL RESIDENCE (Where	deceased lived. If institution, Residence before admission) b. COUNTY Residence before admission)
death.			b. CITY OF TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside RURAL land give nearest lawn)	de corporale lighits, write RURAL and give nearest town)
by the	X		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
in 24 hour filled in b		3.	3. NAME OF DECEASED (Type or print) Slarge, W. Holikins)	OF DEATH OMNIB 29 1859
with:		5.	Male White WIDOWED DIVORCED B DATE OF BIRTH	9 AGE UN years IF UNDER I YEAR IF UNDER 24 MRS lost kirthday) Months Doys Hours Mrn.
e executed and cample bon papers	S S S S S S S S S S S S S S S S S S S	10	USUAL OCCUPATION (Give kind of work done diring most of sking life, even if retired) TWINET TWINET	foreign county) 12 CITIZEN OF WHAT COUNTRY?
يج م	a a a	13.	13. FATHER SHAME (1) HOLLEN J. HOLLEN SANDEN	(homos)
ವಿ ದಿನ	/2 hours	15	15 WAS DECEASED EVER IN 4 S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (19. no. or unknown) 19 page you for doing of services 3 15 -32-9363 MASS MASS MASS MASS MASS MASS MASS MAS	1. D Hankins Snow Wellow
death ttendin please	erdri.		CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
the o	3		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Coronary & hromboar	1 hr.
that by ti	a		Conditions, if ony, which	
requires an. signed sit perm	<u>e</u>		gove rise to immediate couse (a), stating the under-	
regin sign			lying couse lost. (c)	
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PHYSIC al or of this cert		MEDICAL	Use. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a. m While Not while p. m. 19 at work at work	20f. (City or town) (County) (Stole)
ING ospit fler I			21. I certify that I attended the deceased from March , 1958, to as	22. 1957, that I last saw the deceased
				M, from the causes and an the date stated above.
			ACTUAL SIGNATURE O COLON M.D. SUDV.	ATTESS (Street, city or town, stope) DATE SIGNED 459/9
SPITAL OF reform SERAL DI 3 shauld	a. /		PHYSICIAN'S NAME (Type)	1757
5 5 8 1 2 8	The regustror	1		H (CATION (City, town), or godniy) (Store)
Ω ¹ Ω ¹ Ω ¹ Ω (4)	-	23	ADDRESS DIRECTOR'S SIGNATURE () ADDRESS / 240. REC'D B	
1SM 10/57		世	Cley & Olemny Snouthell mg DATE MAY	1 .'59 Chilling & Frank



		MARILAND STATE DEPARTMENT OF HEALTH—BALTIMOKE,	
		4979 CERTIFICATE OF DEATH	() 1957 Reg. Dist. No.
	1,	PLACE OF DEATH O. COUNTY / Arcistic MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution of the county) B. COUNTY / Arcistic	ution Residence before admission)
		b. CITY OR TOWN (If guide corporate limits, write RURAL and give regress town). C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If ourside corporate limits, write RURAL and give regress town). Show I will be a supplied to the corporate limits, write RURAL and give regress town.	e RURAL and give nearest town)
×		d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	L	OF DEATH ON DEATH ON	Day Year 1939
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ar 7a 7d		ACTUAL SIGNATURE ADDRESS [Street, city or fow M.D. 104 Bay Street Snow	n, stote) DATE SIGNED
stror pri		PHYSICIAN'S Robert C. KaMar, hdD.	Addition to the state of the st
the registror	7	DURIAL, CREMATION, 27 SATY THEREOF / 1716 MAME OF, CEMETERY OR OBEMATORY / 27d. LOCATION (CITY, FOWN OF ALL COMPLETED)	, or county) (Stole)
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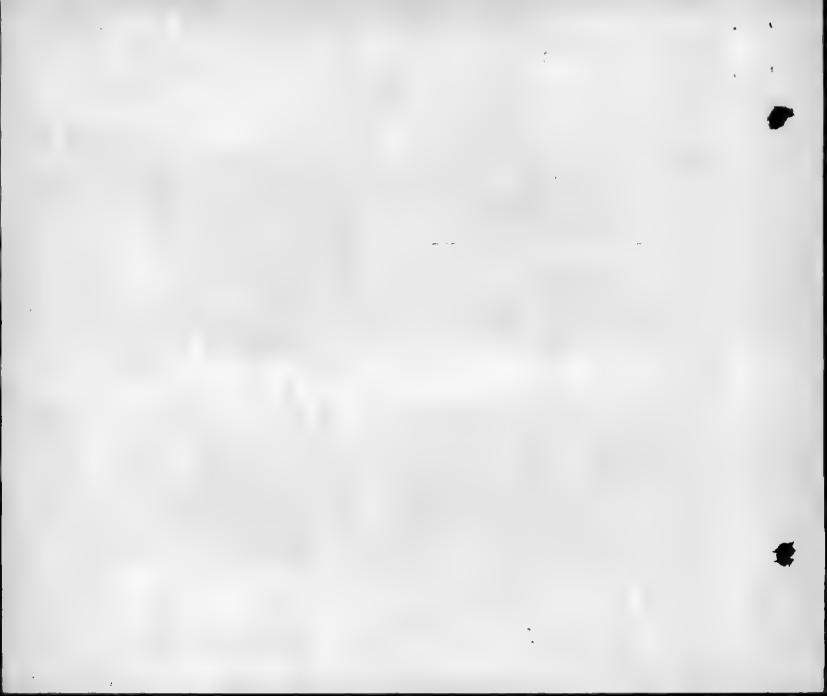


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 4968 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COUNTY (MARYLAND h. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside-corporate limits, write RURAL and give negrest town) RURAL and give negrest/town comobe Cili d. NAME OF HOSPITA d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES TO NO A NAME OF DATE OF DEATH Year DECEASED (Type or print) 19-20 6. COLOR DE RACE 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 9 AGE (in years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HI WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country, during most of vorting lifes even if solved) CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME IA MOTHER'S MAIDEN NAME TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Terminal pneumonia DUE TO Pulmonary oedema week Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the under-Degenerative Heart Disease, Atherosclerotic Years. lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Nat while at work ot work Jan. 1958, to Apr. 9. 1959 that I lost saw the deceased 21. I certify that I attended the deceased fram. __59_, and that death occurred at 4_P_M, from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE 4-10-59 PHYSICIAN'S NAME (Type) Charles W. Trader. M.D. 302 Market St., Pocomoke City, Md. 22b, DATE THEREOF 220. SURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) sululy Comelex h FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24a. RECTO BY REGISTRAR

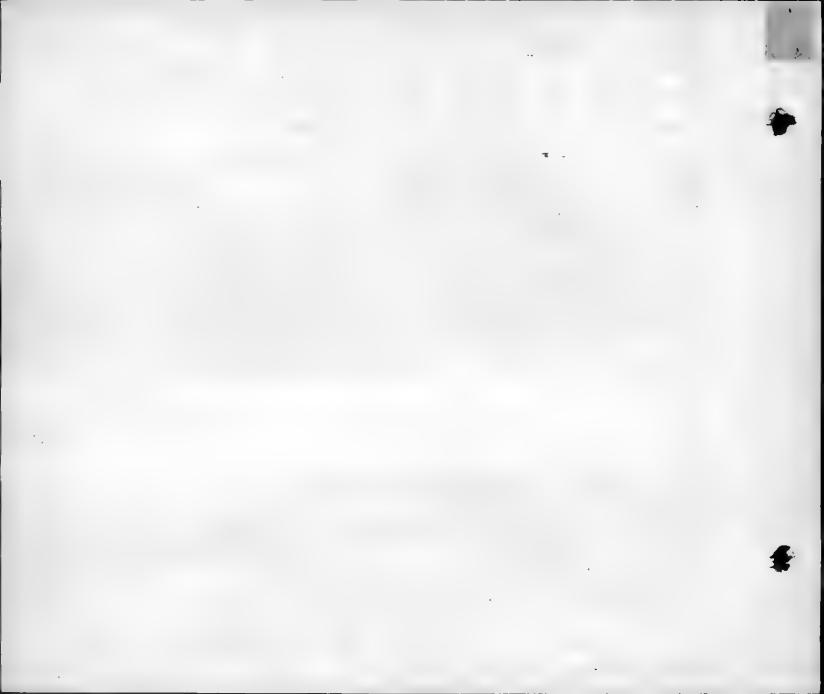


04969MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY Worcester Worcester MARYLAND b. CITY OR TOWN I's outside corporate limits, write RURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest lown life Rural - Stockton - Stockton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? X RFD BELL YES IN NO NAME OF 4. DATE Field Middle Last Month Day Year DECEASED DEATH 24 (Type or print) 1950 FREDERICK Apri 5. SEX 6 COLOR OR RACE 7. MARRIED [NEVER MARRIED [8. DATE OF BIRTH 9 AGE Itn years IF UNDER TYPAR IF UNDER 24 HRS. lost berthday) Months WIDOWED [7] Male DIVORCED | March Negro yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fred Holder Mary Hester Mills 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI 2. Stockton, Md. 18. CAUSE OF DEATH [Enter only one cause per line jor (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate cause **DUE TO** (a), stoting the underlying cours Test. BART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISE PART 1(a) 19, WAS AUTOPSY PERFORMED? NO 🔽 YES | 20g. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I Port II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) foctory, street, office bldg., etc.) While Not while m. m of work of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that death resulted from Natural causes Accident . Suicide . Homicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER SARTERIUS. SR. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Mt. Hope Cemetery Buria. Rural Stockton. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) APR 28'59 arthur & Kraus Pocomoke City . MolDATE 5M 9/55

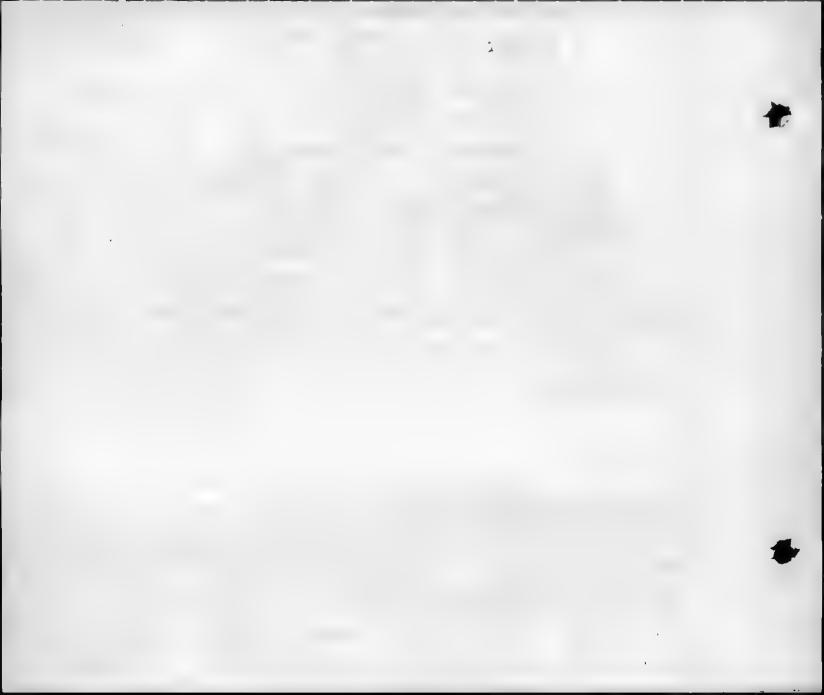
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



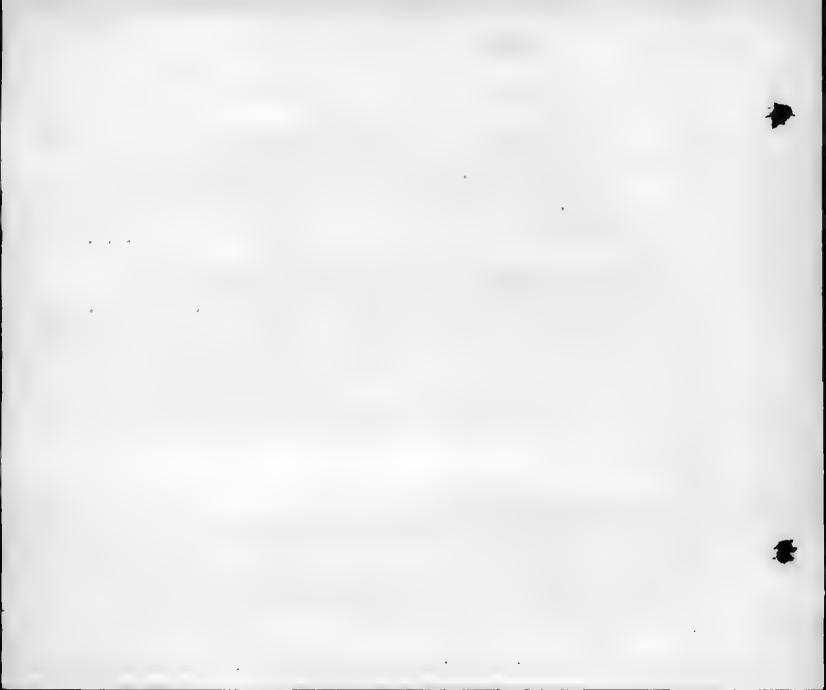
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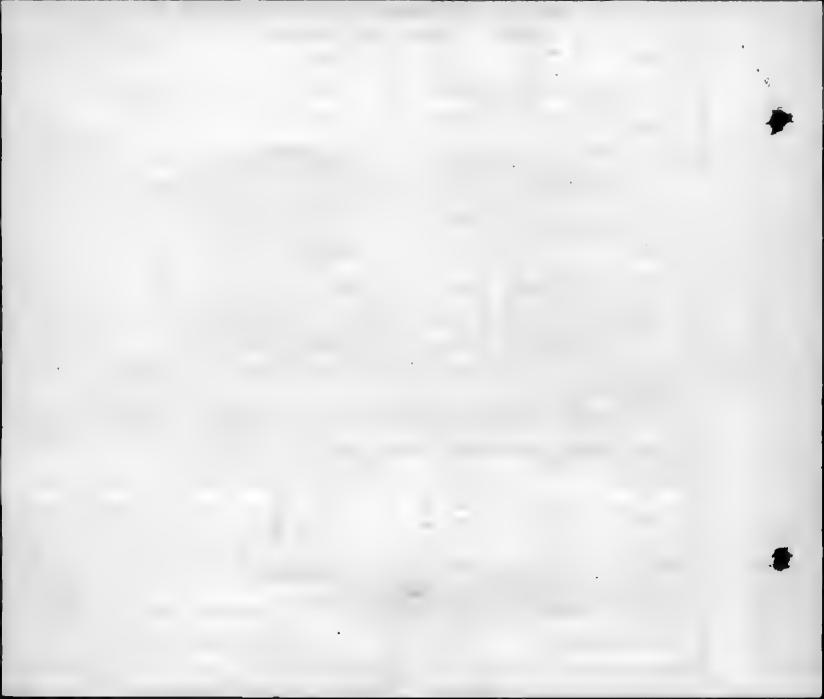
	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	CERTIFICATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH a COUNTY WOrcester 2. USUAL RESIDENCE (Where deceased lived If institution Residence before odm ssion) a. STATE 1 aryland Worcester
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) Berlin ABARA Berlin
	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION C. IS RESIDENCE ON A FARM? YES NO P
3	3. NAME OF DECEASED (Type or print) John A. Purnell Day Year 27 19 57
5	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 10 Never Married Never Married 11-22-1875 10 Manths Days Hours Min No. 11-22-1875 10 Manths Days Hours Min
ī	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Brick Eaker Laryland U.S.A.
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sallie Purnell
1	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IVO Lina Jacobs, Laple St. Berlin UD.
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Of T 10 WCT 1. ONSET AND DEATH ONSET AND DEATH Conditions, if only, which gave rise to immediate cause (a), stating the under- lying cause last. DUE TO (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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	21. I certify that I attended the deceased fram. 9-5, 19-56, ta 4-20, 19-57, that I last saw the decease alive an 4-20, 19-59, and that death accurred at 8:00 P. M. fram the causes and on the date stated above. ACTUAL ACTUAL ACTUAL
1	PHYSICIAN'S NOTY U. SUIK, J.M.D. BERLIN Md
2	20. BURIAL, CREMATION, 12th. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) DUDIAL SPECIFIC BETTER 1.7



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4984 **CERTIFICATE OF DEATH** Poge 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY FLY b. COUNTY MARYLAND RCE STE (1 death. eral b. CITY OR TOWN [If outside corporate limits, write þ c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **PURAL** and give nearest town) MONTHS d. NAME OF HOSPITAL (If not in hospital give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? STILDUIS YES NO M E NAME OF DECEASED First Middle 4. DATE Month Day Year Pages (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min papers. WIDOWED A DIVORCED | 6 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY puo carbon | ofter de 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician FILLIA (L. J. 1 A M remove '2 hayrs IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17, INFORMANT 16. SOCIAL SECURITY NO Address (Yes, eq. or unknown) thending 18. CAUSE OF DEATH [Enter only one cause per lipe, for (a), (b), and INTERVAL BETWEEN a ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE for **DUE TO** ģ permit. any Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. buriol-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY PERFORMED? YES [NO N 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. ft. factory, street, office bldg., etc.) While Not while at work ot work p. m 1954 that I last saw the deceased 21. I certify/that I attended the deceased from 20 alive on and that death accurred M, from the causes and an the date stated above. ADDRESS (Street, city ACTUAL SIGNATURE DIX P shauf PHIVSTERANCE NAME (Type) moy be 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) poge (State) REMOVAL (Specify) JALTI HALE Green Mount Crem. F I FAT I F 0 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR APR 2 8 '59 arthur & House VS A15 (4) 15M 9/55



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IN I AMINER: This certificate should be axecuted within 114 haurs ofter death. If ony delay is neces	e, writing the word "pending" in pencit in Item, 18. Give Pages 1, 2, and 3 to the fu	with form PM3. Page 5 may be retained	ile pages 1 a	event within /
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MEDIC	e cer	be for ed	IL DIRECTOR: Page 3 should be used as a buriof-transis permit. File pages 1 and 2 with the State Boa	gnated agent, prior to burial, cremation, or removal, and in any event within 22 hours

TATE DEPT.

1. PLACE OF DEATH

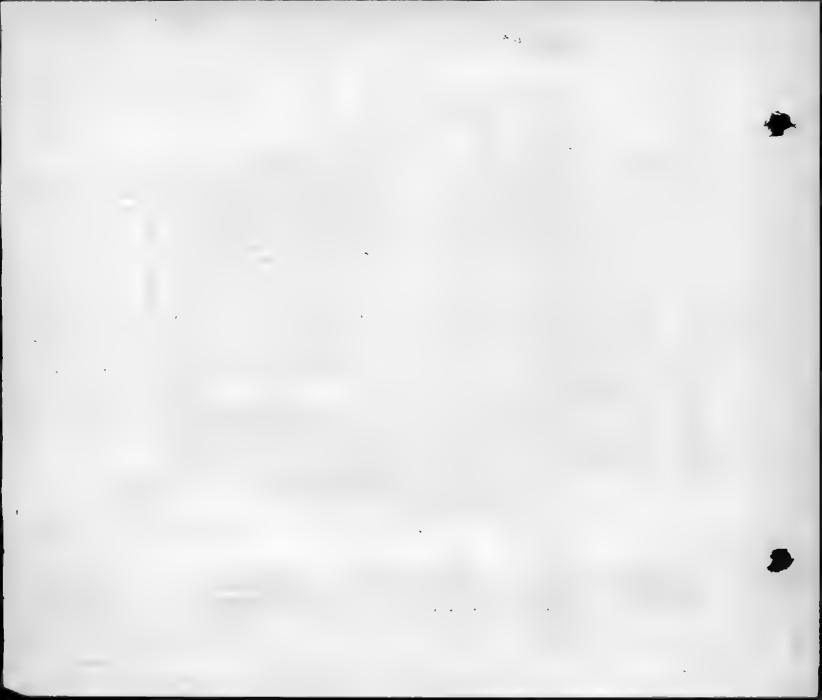
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4985 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

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Ь	CITY OR TOWN (I	f outs de corporate limits, write EURA	c. LENGTH OF STAY IN 16			RURAL and give nearest fawn)
	Berlin	"1	Minutes	X New ark	(Rural)	
d	. NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospital, give street address}	d STREET ADDRESS		e IS RESIDEN E
	Flower	Street		Route #1		YES NO TO
- (NAME OF DECEASED (Type or print)	First	Middle	Losi	4. DATE Month	•
5. S				ence	9. AGE the poors	25 19 59 IFUNDER 1YEAR IF UNDER 24 HR
W, 13			ARRIED NEVER MARRIED 3.		fast brithday)	Months Days Hours Min.
	Male	447510	OWED DIVORCED	4/10/1940	1 19 yrs.	
10a. d	L USUAL OCCUPATION of working the state of working the state of working the state of working the state of the	ON (Give kind of work done ng life, even if retired)	106. KIND OF BUSINESS OR INDUSTI	RY 11 BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTR
	Nursery		Planting	Maryla	and	USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
	Jesley J	ohnson		Evelyn S	Spance	
		ER IN U. S. ARMED FORCES?		FORMANT	Address	AND ADDRESS AND AD
	No	fie 3mt flese umt de mines de forestel		Elvelim Che	ence, Newark, M	18 P+ 31
	9-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	TH Enter only one couse pe		A THATANDUS	THE MENTING F	INTERVAL BETWEEN
		TH WAS CAUSED BY:	A	and to a 3	Earlune	ONSET AND DEATH
	11218	IMMEDIATE CAUSE (6)	wince can	rance of	aucuni	minule
	43/X	DUE TO	One .	1.7.	A. To	9/ /
	Conditions, if a		inyo-can	litie,	acull	Indeleran
	(0), stoling the			•		
	couse lost.	(c)				
2	PART II, OTI	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMS	NALDISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	(enelva	l collen	AL _		YES A NO
CERTIFICATION	20g. EXTERNAL CA PR MARY ☐ or CO CAUSE OF DEATH.	NTRIBUTING 🗀 📗	SCRIBE HOW INJURY OCCURRED (E	nter noture of injury in Port	I or Port II of Item 18 }	
			and that by Occupted Inc. make	TE OF INTINGS (No.	and retter to a	AND AND AND
MEDICAL	20c. TIME OF INJU Hour o, m.	RY Month, Doy, Year	20d. INJURY OCCURRED 20e PLAC While Not while focto	ry, street, office bldg., etc.	LOT. (City or fown)	(County) (State)
X.	p. m.	19	at work of work			
	21. I certify t	hat I taok charge af	the remains described abar	ve, held an Autapsy	Inspection .	Inquiry . ond in my
	apinion death	resulted from: Natu	ral causes 4. Accident], Suicide [], I	fomicide . Undeter	rmined manner
		1	- 0	en laud'		
	ACTUAL /	Ednald	a Kahhmi	CHIEF MEDICAL EX	AMINER []	DATE SIGNED
	SIGNATURE //	CAPACELLE L	- Jede Gabace	ASSISTANT MEDICA	AL EXAMINER T	/ /
	EXAMINER'S NAME (Type)	Herman A. Robb	ins. M.D.	DEPUTY MEDICAL I		4/28/59.
770	BURIAL, CREMATIC	ON 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, o	or county) (State)
	Buris 1	4/27/1950	Codon Charas C	Same to the same	Herark, Marv	land
23.	FUNERAL DIRECTOR		ADDRESS	240. REC'I	the same of the contract of th	TRAR'S SIGNATURE
J	T Stown	ant Tunamal II.	oue. Salisbury, No	DATE MA	1 1 159 Ch	Thur & Kraus
~	* 7 . D C 6 . (A 5	mo runeral Ec	olle. Salisbury, No	1 DATE		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No

Months

. IS RESIDENCE

Day

IF UNDER I YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

ca

PERFORMED? YES NO Z

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Davs

(County)

"that I lost saw the deceased

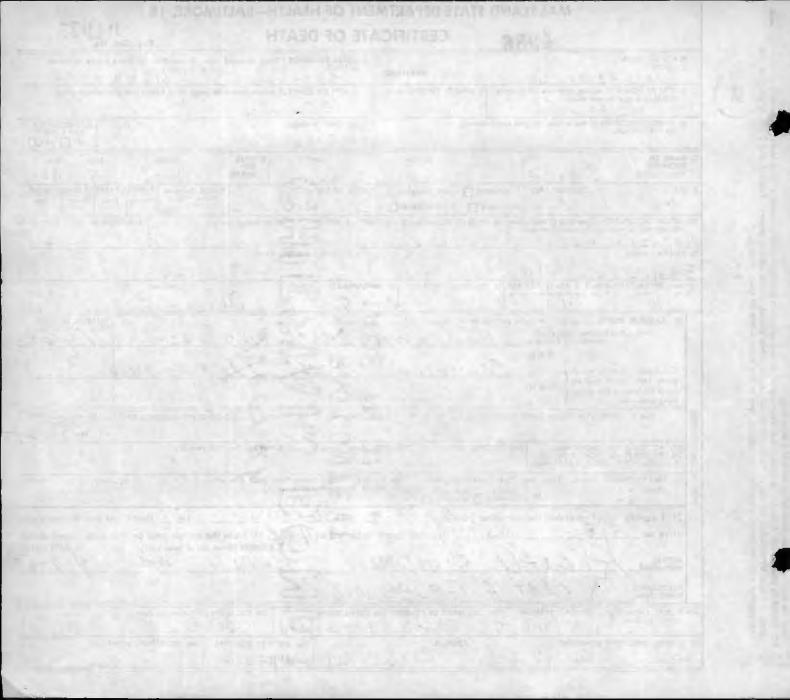
(Stote)

ON A FARM? YES NO NO

Yeor

195

Min.



41	
HEALTH	ATE DEPT.
r. Poge r files.	M
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is need try, please accoult the certification of the management of the certification of the	X
ony delay the fune be retain the Stote	
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any ecule the certificate word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 11 should be far acided to the Chief Medical Examiner's Office along with form PM3. Pages 5 may be TUNERAL DIRECTOR: Page 3 should be used an a buriol-transit permit. File pages 1 and 2 with the its designated agent, prior to buriat, cremation, ar remarat, and in any event within 2 hours often	1)
Pages 3, Pages 3, pages 1 control	
thin 24 ho 8. Give with form mit. File in any eve	
in Item in Item ice along per gang per year, and	
in pencil in pencil iner's Offi buriol-tr	
ificate she pending cal Exam used as	0
This cerr he word hief Medi should be burial,	
AMINER: writing the to the C Poge 3	
or orded	
ould be for NERAL DI	2
Second Se	2

VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

... MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04976

	4487					Reg.	Dist. No.	• •/
1. PLACE OF DEATH	Worceste	r	MARYLAND	2. USUAL RESIDENCE	(Where deceased li-	b. COUNTY WOP	dence before odn	nission)
b. CITY OR TOWN (III and give neoves lown Berli:		FURAL	c. LENGTH OF STAY IN 16	X Ber		a limits, write RURAL o	nd give nearest to	own)
		f nat in hospi	ital, give street oddress)	d. STREET ADDRESS			101	RESIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Elias Fir	33	Middle	Widie	4. DATE OF DEATH	Month 11- 75-5		Year 19
5. SEX		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. A	4 4/		DER 24 HRS.
M	W	WIDOWED	DIVORCED 🗆	JULY 2	0,1884 10	7 Lyrs. Manths		7
during most of working	g life, even if retired)	done 10b. KII	NO OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (SHE	. 1	SLAYIA	TIZEN OF WHAT	COUNTRY
13. FATHER'S NAME	D			14. MOTHER'S MAIDEN				
u	nterior	-			unki	m,		
15. WAS DECEASED EV	ER IN U. S. ARMED FO. Iff yes, give way or defect of		OCIAL SECURITY NO. 17. 1	Va Fran	h wid	in Ber	lin 7	nd
Conditions, if a gave rise to immed (a), stating the couse last.	diate cause DUE TO	A	mehit	wounds	of Bui	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	INTERVAL BETWO	EATH C
PART II, OTH			STRIBUTING TO DEATH BUT					AUTOPSY DRMED? NO [12
200. EXTERNAL CAL PRIMARY D or COI CAUSE OF DEATH.	JSE WAS NTRIBUTING []	b. DESCRIBE	410 Shata	enter nature of injury in t	art tor Fart II of ite	June 18.)	الحماء	home
20c. TIME OF INJUI	1	While	Nat while lac	CE OF INJURY (Home, fo	irm, 20f. (City or N	own) 00 (C	ounly)	(State)
	And the second second	13	emoins described obc				iry K. or	Md and in my
opinion death	resulted from:	Noturol co	ouses . Accident	, Suicide &,	Homicide	. Undetermined		
ACTUAL SIGNATURE	and	Kn	/-/	M.D. CHIEF MEDICAL	EXAMINER [DATE	SIGNED
EXAMINER'S NAME (Type)	Earl	L. Ro	yer, M.D.	ASSISTANT MEDICA	ICAL EXAMINER	1,_7	7-59	
220 BURIAL CREMATIC			200. NAME OF CEMETERY OF		Jones .	(City, lawn, or county)	(510	ioi d
23. FUNERAL DIRECTOR		ben	APBRESS Selli		C'D BY REGISTRAN MPR 2 1 '59	246. REGISTRAR'S S		